DEPARTMENT OF FISH AND GAME CALIFORNIA SALTWATER ANGLING RECORD VERIFICATION



on b (Month, Day, Year)		
		(Name of Angler)
(Street, City, State, Zip	Code)	(Home Phone Number)
(Location of Catch)		(County)
A photo or news item on the fish is enclose	sed: Yes or No	
Fish weightlbsoz, or (kg); two witnesses requi	ired:
(Witness Name) (St	reet, City, State, Zip Code)	(Home Phone Numbe
(Witness Name) (St	reet, City, State, Zip Code)	(Home Phone Number
Scale certification:(Number)	Date of certific	cation:(Month, Day, Year)
(Number)		(Month, Day, Year)
I have identified the fish as a (Common N	lame):	
Genus:	Species:	
Optional measurements: a. Total lengthftinches, c b. Taxonomic measurements:		
	(Lateral Line Scales, R	Ray Count, Etc.)
Type of fishing gear used to take specime	en:	
Remarks:		
Name	9:	
Title:		

Record submission form and photograph should be mailed to:

RESOURCES AGENCY CALLFORNIA DEPARTMENT FISH GAME Kimberly Penttila
Department of Fish and Game
4665 Lampson Avenue, Suite C
Los Alamitos, CA 90720
(562) 342-7199

SORI FISHER NO.

This work is supported in part by Federal Aid in Sport Fish Act funds